

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

Establishme Flipt	nt Name	_	1cakes	Telephone Number	(mm/dd/yr		
Establishme	ent Address	ទ (ភាមព	mber and street, city, state, zip code)	The second production of	1/7/	12019	19-108
Owner  Shannon Owner's Ad  Boo 2 h Person in C	Rewa Idress Iddu F harge	don_ Siver	Tool Charlesform, IN 47111	Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational	Follow-up		
Responsible  Certified Fo	Person's l	E-mai er		5. Temporary 6. HACCP 7. Other (list)			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Co	rrected By
443	С		Meacured chlocias in divine soutizer	→ 200 + /PPM	1	Correc	kd
291	NC		Measured chlorine in dining santizer Observed chlorine strips available	, but dish machin	L	Corre	
			is quat amonia - PIC ordered supprepriate stri	ips during inspection	1		
304	NC		Observed glasses at drink station	burng met stack	le J	Corre	ckd
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Received by	y (name and	_		•	Inspected by (name and title printed):  A.J. Ingram: (EHS)		
Shannon Keardon  Referred by (signature):  Marron Plander				Inspected by (signature):			
cc:	<i>,</i> , , , , , , , , , , , , , , , , , ,		CO:		cc;	•••	